## 



- 0	First name and initial (If joint return, use first names and middle initials of both)			Last name			Your social security number			er	
or type											
ō											
print	Home address (Number and street or rural route)						Your o	ccupation			
Please print	City, town or post office, and State				ZIP code			Spouse's social security number			
							Spouse's occupation				
	Enter below name and address used on your return for 1967 (if same as above, write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1967 names and addresses.							Ţ	•		
	Your present employer and address										
		_	atus—check only one:	Your Exemptions Regular 65 or over Blind					nter		
	1a Single  The Mayried filling is interesting (over if only one had income)				2a Yourself number of boxes					ımber	
	<b>!</b>				2b Spouse □ □ □   checked ▶						
	1c Married filing separately. If spouse is also filing a return, enter her (his) social security number in space provided above				3a First names of your dependent children who lived with						
Γ	,							Er	nter		
	and give more name note					f other dependents (from page 2, Part I, line 3)					
	1e □ Sur	viving	g widow(er) with dependent child			ptions claimed .					
	ncome	5	Wages, salaries, tips, etc. If not shown on at					5	<del></del>		
a	If joint re-	6	Other income (from page 2, Part II, line 8)					6			_
per	turn include all income of both husband	7	Total (add lines 5 and 6)					7	*****		
Ņ	of both husband	8	Adjustments to income (from page 2, Part III,					8			
<b>&gt;</b>	and wife	9	Total income ("adjusted gross income") (su					9			
2	Find tax from table —OR—	10	If you do not itemize deductions and line 9 pages 12–14 of instructions. Omit lines 11a,	is under \$5,000, find tax in tables on b, c, or d. Enter tax on line 12a.				10			
ch Copy B of	Figure tax using tax rate schedules	lla	If you itemize deductions, enter total from page 2, Part IV, line 17 If you do not itemize deductions, and line 9 is \$5,000 or more enter the larger of (1) 10 percent of line 9; OR (2) \$200 (\$100 if married and filing separate return plus \$100 for each exemption claimed on line 4, above.  Deduction under (1) or (2) limited to \$1,000 (\$500 if married and filing separately)								
atta		11b	<b>b</b> Subtract line 11a from line 9. Enter balance on this line					116	<u> </u>	<u> </u>	<u> </u>
			Multiply total number of exemptions on line 4, above, by \$600					11c			
Plea		11d	Subtract line 11c from line 11b. Enter balance on this line. (Figure your tax on this amount by using tax rate schedule on page 11 of instructions.) Enter tax on line 12a.					11d			
		12a	Tax (Check if from: Tax Table ☐, Tax Rate	Schedu	le □. Sch.	D □. or Sch. G		_			—
	Your Tax.	12b	Tax surcharge. If line 12a is less than \$734, find surcharge from tables on page 10 of instructions. If line 12a is \$734 or more, multiply amount on line 12a by .075 and enter result. (If you claim retirement income credit, use Schedule B (Form 1040) to figure surcharge.)							_	
1		12c	Total (add lines 12a and 12b)	J (1 01111	1040) to 11	gure suremarge.)		12c			—
		13	Total credits (from page 2, Part V, line 4)					13			
rder here		14a	Income tax (subtract line 13 from line 12c)					14a			_
		14b	Tax from recomputing prior year investment credit (attach statement)								_
	Credits,	15	Self-employment tax (Schedule C-3 or F-1)					15			
	and	16	Total tax (add lines 14a, 14b, and 15)					16			
ر ج	Pay-	17	Total Federal income tax withheld (attach Form			17		1/3		//////////////////////////////////////	
	ments	18	Excess F.I.C.A. tax withheld (two or more employers—see			18		∭ m	oney or	der pay-	1/2
ck or M	Your Tax, Credits, and Pay- ments  Balance Due or Refund	19	The state of the s	thway Federal gasoline tax—Form 4136, 🗆 Reg. Inv.—Form 2439 19					ne to evenue (	Internal Service.	V/
		20		tax payments (include 1967 overpayment allowed as a credit)							1///
, ne		21	Total (add lines 17, 18, 19, and 20)	D-l	D D			21			
ttach C	Balance	22	If payments (line 21) are less than tax (line 16), ent				urn	22			
	Due or Refund	24	If payments (line 21) are larger than tax (line 16), enter <b>Overpayment</b> Amount of line 23 you wish credited to 1969 Estimated Tax					24			
9		25	Subtract line 24 from 23. Apply to: U.S. Savings			efunded or 🖂 Refund	only	25			
Plea	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.								it is		
	Sign >	· v			,						
	here		Your signature Date Signature of preparer other than taxpa				axpaye	er		Date	
	11010	Spous	se's signature (If filing jointly, BOTH must sign even if only one had	income)	<del></del>	Address			c59-	-16-80159-1	

	Exemptions Complete				<u> </u>		1040-1968-Pag				
(a) NAME (If more space is needed attach schedule)		(b) Relationship	(b) Relationship (c) Month home. If ing year v		(d) Did dependent have income of \$600 or more?	(e) Amount YOU furnished for dependent's support, if 100% write "ALL"	(f) Amount furnished by OTHERS includ- ing dependent.				
1						\$	- \$				
3 Total nu	mber of dependents listed	above. Enter he	re and c	n page 1, li	ne 3b		> [	司			
Part II	Income from sources	other than wag	es. etc.	Part IV	Itemized	deductions—Use o	nly if you do not	' use			
1a Gross d	lividends and other distribu	utions on stock (lis	t payers	Medical ar	tax table or	standard deduction. ense (not compensate					
jointly)		1 One-half cal care									
					st of medicine	and drugs					
					<b>3</b> Enter 1% of line 9, page 1						
		4 Subtract 5 Other m balance									
					cal care not deductible on line 1)						
	Total line 1a			<b>6</b> Total (add lines 4 and 5)							
	(see instructions).										
	gain distributions s 5 of instructions).			8 Subtract line 7 from line 6 (not less than zero) . 9 Total (add lines 1 and 8)							
1d Nontaxa	able distributions 5 of instructions).			Contributions.—Cash—including checks, money orders, etc. (itemize)							
	dd lines 1b, 1c, and 1d)			'				•			
	dividends (line la less line	\$				••••••	•••••				
	than zero)				••••••						
-	t payers and amounts belov rom savings and loan as		ınione			ions		•••••			
_	on savings and loan as										
						instructions for required of such items here.					
				12 Carryo	er from prior	years (see page 7 of instr.)		_			
	est (on bank deposits, bon					(add lines 10, 11, ions for limitation) ▶					
•••••		•••••	•	Taxes.—Re	eal estate .						
•••••				State	and local gas	soline					
				1		ge 15 of instructions) .	-				
2 Total into	erest income	▶	<del></del>			me					
3 Pensions a	and annuities, rents and royaltie	es, part-		Person	al property		-				
nerships, e	estates or trusts, etc. (attach Sc	ch. B) .		14 Total ta	axes						
	ncome or loss (attach Schedule					e Mortgage					
	hange of property (attach Sched										
6 Farm incor	ne or loss (attach Schedule F) .			Other (Iten	nize)		· <b></b>				
Miscellaneo	us income (state nature ar	nd source)	••••••			•••••••••••••••••••••••••••••••••••••••					
						· · · · · · · ·					
7 Total mis	scellaneous income	. •	1			s.—(see page 8 of ins	truotiona)				
8 TOTAL (a	add lines 1f, 2, 3, 4, 5, 6, a	nd 7) .		Miscellane		(see page 6 of ins					
Enter her	re and on page 1, line 6	<b>&gt;</b>	· · · · · · · · · · · · · · · · · · ·		•••••						
Part III	Adjustments to inc	ome		10 7-1-1			<u> </u>				
1 "Sick par	v" if included in line 5. page	e 1 (at-						—			
	2440 or other required state expenses (attach Form 390	· 1				nd on page 1, line 11a.					
_	e business expense (attach	-		Part V	Credits	<u> </u>					
2106 or	other statement)	• • •				edit (Schedule B) .		••••			
4 Payment	s by self-employed persons	to re-				rm 3468)					
tirement	plans, etc. (attach Form 295	50SE) .		_	· · · · · · · · · · · · · · · · · · ·	m 1116)					
5 TOTAL AI Enter her	DJUSTMENTS (lines 1 throuse and on page 1, line 8	ugh 4).		EXPENSE A	CCOUNTS—If	page 1, line 13) . ► you had an expense a		rged			